

# KENTUCKY CHAPTER AFFILIATE APPLICATION

FOR AAP USE ONLY/ONLINE

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

AAP ID# \_\_\_\_\_

DIST \_\_\_\_\_ CHAPTER \_\_\_\_\_

First Name \_\_\_\_\_

Middle/Maiden \_\_\_\_\_

Last Name \_\_\_\_\_

DATE \_\_\_\_\_

MD  DO  Other (specify) \_\_\_\_\_

Male  Female

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth (MM/DD/YY)

Preferred Address & Phone  Home –or–  Office

Organization or Group Practice Name (if applicable) \_\_\_\_\_

Number/Street/Suite \_\_\_\_\_

City/State/Zip or Postal Code/Country \_\_\_\_\_

Telephone \_\_\_\_\_

Cellular \_\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_\_

I AM APPLYING FOR CHAPTER AFFILIATE MEMBERSHIP IN...  KENTUCKY

\_\_\_\_\_ I am a **NEW**, CHAPTER MEMBER or...

\_\_\_\_\_ I am currently a **NATIONAL AAP MEMBER** applying as a **NEW CHAPTER MEMBER**

## CHAPTER ANNUAL DUES RATES

**Chapter Affiliate** \$125

**Associate** \$100 (Pediatric Dentists, Family Physicians)

**Chapter Emeritus** \$0

**Resident** \$0 (Physicians in primary pediatrics specialty training: PL1 PL2 PL3)

**Medical Student** \$0

**Allied Health Professional** \$50 (Licensed pediatric nurse practitioners, physician assistants, other health professionals)

\*\*\*\*\*INTEREST AREAS: Please fill out page 2 (or reverse side) of this application\*\*\*\*\*

## FELLOWSHIP TRAINING

Type of Fellowship \_\_\_\_\_

Institution \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
From (MM/DD/YY)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
To (MM/DD/YY)

## APPLICANT SIGNATURE

I hereby certify that all information recorded on this application and any attached documents are accurate and support my qualifications for membership in the AAP Chapter for which I now apply.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**PAYMENT** To pay your Chapter dues payment of (see above for rates), please complete below.

My check for \$ \_\_\_\_\_ is enclosed – Check # \_\_\_\_\_

I will pay using the following credit card:  Visa  Mastercard  AMEX  Discover Include the 3-digit CVV# located on the signature space of your card.

Amount \$ \_\_\_\_\_ • Cardholder Name \_\_\_\_\_

Card # \_\_\_\_\_ • CVV# \_\_\_\_\_ • Exp. Date \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN APPLICATION WITH PAYMENT TO (PAYMENT MUST ACCOMPANY APPLICATION FOR PROCESSING):**

Mary York, Chapter Executive Director, 420 Capital Avenue, Frankfort, KY 40601 email: [maryyork@kyaap.org](mailto:maryyork@kyaap.org) FAX: 502-223-4200

**FOR CHAPTER STAFF USE ONLY:** TO AAP/DATE \_\_\_\_\_ WP \_\_\_\_\_

**Page 2 (Membership Application)**

Please check all of the appropriate interest categories below (listed alphabetically). The Chapter will access this information when establishing various member work groups and/or committees and to communicate specific child health information to those with noted interests in these health areas.

**ABP Certified Sub Specialty Area**

- Adolescent Medicine
- Cardiology & Cardiac Surgery
- Critical Care
- Developmental & Behavioral Pediatrics
- Emergency Medicine
- Endocrinology
- Gastroenterology & Nutrition
- Hematology/Oncology
- Infectious Diseases
- Medical Toxicology
- Neonatology/Perinatal Medicine
- Neurology
- Transplant Hepatology
- MED-PED

- Pediatric Dentistry
- Pediatric Pulmonology
- Perinatal Pediatrics (Neonatology)
- Plastic Surgery
- Psychiatry
- Residents
- Rheumatology
- School Health
- Seniors
- Sports Medicine
- Surgery
- Telephone Care
- Transplant Hepatology
- Transport Medicine
- Uniformed Services
- Urology
- Young Physicians

**SPECIFIC Interest Areas**

- Administration & Practice Management
- Adolescent Medicine
- Adoption & Foster Care
- Allergy & Immunology
- Anesthesiology & Pain Medicine
- Bioethics
- Breastfeeding
- Child Abuse & Neglect
- Children with Disabilities
- Clinical Pharmacology & Therapeutics
- Community Pediatrics
- Critical Care
- Dermatology
- Developmental & Behavioral Pediatrics
- Emergency Medicine
- Endocrinology
- Epidemiology
- Gastroenterology & Nutrition
- Genetics & Birth Defects
- Hematology/Oncology
- Home Care
- Hospital Medicine
- Infectious Diseases
- Injury & Poison Prevention
- International Child Health
- Neonatology (Perinatal Pediatrics)
- Nephrology
- Neurology
- Ophthalmology
- Orthopaedics
- Otolaryngology-Head & Neck Surgery

**OTHER Interest Areas**

- Advocacy
- Aids
- Ambulatory Pediatrics
- Coroner
- Cultural Competence
- Early Childhood  
(DayCare, Psychosocial Aspects)
- Emergency & Disaster Preparedness
- Environmental Health
- Governmental Affairs
- Gynecology
- Health Care Foundation
- Internal Medicine
- Medicaid
- Medical Education
- Mental Health Issues
- Obesity
- Occupational Medicine
- Osteopathic Medicine
- Pathology
- Practice Management
- Psychology
- Public Information
- Rural Practice
- Sleep Medicine
- Spina Bifida
- Substance Abuse
- Sudden Infant Death Syndrome
- Technology
- Tobacco & Smoking
- Transplant Hepatology